

How to Produce Excellent Minority M.D.'s

To the Editor:

It is essential to distinguish the goal of racial justice from specific methods that may serve it badly. I would therefore question the conclusion in a recent editorial that a decision by the Supreme Court against the medical school at Davis would make all forms of affirmative action suspect. On the contrary, because the Bakke case involves the legitimacy of quotas in medical admissions, and because quotas have generated especially widespread public opposition, their elimination would surely strengthen, rather than weaken, public support for other, more acceptable forms of affirmative action: recruitment, remedial education, and admissions criteria adjusted for past educational and social disadvantages. Quotas also have a deleterious effect on standards in medical education, and most medical schools have avoided or abandoned this approach. The problem of standards—i.e., the right of society to be assured of the quality of its physicians—deserves attention as a major element in the social background of the Bakke case, even though that case may focus legally only on the rights of applicants

for entry to a rewarding profession.

Medical schools regularly take into account personality and motivation, and they have often also offered some degree of preference to members of certain groups (e.g., offspring of physicians or of faculty). Our country's commitment to rectifying past injustices now makes it imperative to extend similar flexibility to members of disadvantaged minority groups, as long as society believes that past deprivation is affecting their performance. But the past adjustments have been justified only within a reasonable range of academic credentials, and it is essential that the new adjustments also be held within such a range. Quotas, however, allow no protective cutoff at the bottom: A committee with a quota to fill is sometimes forced to dip to a level that violates its obligation to protect society by screening out weak candidates. In addition, a quota system specifically harms minority groups: It is patronizing; it devalues the credentials of the many excellent products of affirmative action; it is cruel to students placed beyond their capacities, and it creates

new injustices that jeopardize public support for the whole program.

If we agree, then, to adjust admissions criteria for members of minority groups, but without quotas, should we do so on the basis of race or only on the basis of personal economic disadvantage? Here recent experience of medical schools is pertinent. Many promising minority candidates have been found to come from the middle class; and though they would require only moderate adjustment of standards they could not receive this adjustment if it required personal disadvantage. In practice, elimination of this group would inevitably promote excessive stretching of standards for the remaining, narrowed pool. Hence unless the Court allows adjustment of standards on the basis of race, while outlawing quotas, it will hamper efforts of medical schools to produce not simply minority physicians but excellent minority physicians.

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